STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: TRUE DAKOTAN		2. DATE: 9/18/2024
3. FREQUENCY OF ISSUE: weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE: $ 75.33; $90 out of st
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 358 Wessington Springs, SD 57382		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): same as above		
6. FULL NAME OF PUBLISHER: Kristi Hine		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: Kristi Publishing, Inc	COMPLETE MAILING ADDRESS: PO Box 358 Wessington Springs, SD 57382	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. NESDEC, Areawide Business Council		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1357	1169
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	212	187
2. Mail Subscription (Paid and or requested)	629	
3. Paid Electronic Copies	157	169
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	998	950
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	13	10
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1011	960
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	242	130
2. Return from News Agents	104	79
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1357	1169

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Kristi Hine
(Signature)

Owner
(Title)

State of South Dakota)
§
County of Tetrault)

Sworn to before me this 20 day of September 2024

Delia Atkinson
Notary Public

(Seal) SEAL DELIA ATKINSON Notary Public SOUTH DAKOTA

My commission expires: 8/10/2027

Form: SOS REC 051 9/2016